# **EXHIBIT 3**

# TEXAS SECRETARY of STATE RUTH R. HUGHS

#### **BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

Filing Number: 803511650 Entity Type: Foreign Limited Liability Company (LLC)

Original Date of Filing: January 7, 2020 Entity Status: In existence

Formation Date: N/A
Tax ID: 822355783

Name: WSOU Investments, LLC Address: 605 Austin Ave. #6

Waco, TX 76701 USA

Fictitious Name: N/A
Jurisdiction: DE, USA
Foreign Formation July 21, 2017

Date:

| REGIST        | ERED AGENT         | FILING HISTORY NAMES                 | MANAGEMENT       | ASSUMED NAMES    |              | OCIATED<br>TITIES |
|---------------|--------------------|--------------------------------------|------------------|------------------|--------------|-------------------|
| View<br>Image | Document<br>Number | Filing Type                          | Filing Date      | Effective Date   | Eff.<br>Cond | Page<br>Count     |
| X             | 935572900002       | Application for Registration         | January 7, 2020  | January 7, 2020  | No           | 4                 |
| <b>W</b>      | 935572900003       | Certificate of Assumed Business Name | January 7, 2020  | January 7, 2020  | No           | 2                 |
| X             | 938854460002       | Certificate of Assumed Business Name | January 21, 2020 | January 21, 2020 | No           | 2                 |

Order Return to Search

#### Instructions:

To place an order for additional information about a filing press the 'Order' button.

Form 503 (Revised 08/19)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709 Filing Fee: \$25

Assumed Name Certificate

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Corporations Section

|  | Assum             | ied Name   |  |  |  |  |  |
|--|-------------------|--|--|--|--|--|--|
| 1. The assumed name under which the business or professional service is, or is to be, conducted or             |                   |  |  |  |  |  |  |
| rendered is: Brazos Development and  | d Licensing       | 57   | 100 W                                  |  |  |  |  |
|  | Entity I          | nformation   |  |  |  |  |  |
|  |                   |  |  |  |  |  |  |
| 2. The legal name of the entity filing   | g the assumed     | d name is:   |  |  |  |  |  |
| VSOU INVESTMENTS, LLC  |                   |  |  |  |  |  |  |
| State the name of the entity as currently shif not filed with the secretary of state.                          | own in the record | ds of the secretary of sta   | te or on its organizational documents, |  |  |  |  |
| 3. The entity filing the assumed na  | me is a: (Select  | the appropriate entity type  | below.)                                |  |  |  |  |
| For-profit Corporation   |                   | ✓ Limited L  | iability Company                       |  |  |  |  |
| ☐ Nonprofit Corporation  |                   | Limited P  | artnership                             |  |  |  |  |
| ☐ Professional Corporation   |                   | Limited L  | iability Partnership                   |  |  |  |  |
| Professional Association   |                   | Cooperati  | ve Association                         |  |  |  |  |
| Other  |                   | 5.00 To 200 To 2 |  |  |  |  |  |
| Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc. |                   |  |  |  |  |  |  |
| 4. The file number, if any, issued to the entity by the secretary of state is: 0803511650                      |                   |  |  |  |  |  |  |
| 5. The state, country, or other jurisc   | diction of forn   | nation of the entity i   | s: Delaware                            |  |  |  |  |
| 6. The entity's principal office add   | ress is:          |  |  |  |  |  |  |
| 211 E. 7TH STREET, SUITE 620   |                   |  |  |  |  |  |  |
| Street or Mailing Address  |                   |  |  |  |  |  |  |
| AUSTIN   | TX                | USA  | 78701                                  |  |  |  |  |
| City   | State             | Country  | Postal or Zip Code                     |  |  |  |  |
|  | Period o          | of Duration  |  |  |  |  |  |
| 7a. The period during which the with the secretary of state.  OR   | e assumed nan     | ne will be used is 10  |  |  |  |  |  |
| 7b. The period during which the with the secretary of state (not to ex <b>OR</b>                               |                   |  | years from the date of filing          |  |  |  |  |
| 7c. The assumed name will be <b>RECEIVED</b>   | used until _      | mm/dd/yyyy   | (not to exceed 10 years).              |  |  |  |  |
| orm 503 JAN 2 1 2020   | Ī                 |  |  |  |  |  |  |

Secretary of State

| County or Counties in   | which Assumed Name Used   |
|---|---|
| 8. The county or counties where business or prendered under the assumed name are: | ofessional services are being or are to be conducted or   |
| All counties  |   |
| All counties with the exception of the following                                  | wing counties:  |
|   |   |
| Only the following counties:  |   |
|   |   |
|   | xecution  |
| behalf of the identified entity. If the undersigned                               | o the penalties imposed by law for the submission of a also certifies that the person is authorized to sign on ed is acting in the capacity of an attorney in fact for the y has duly authorized the undersigned in writing to Stuart Shanus, President |
| •   | Signature of a person authorized by law to sign on behalf of the  |
|   | identified entity (see instructions)  |

Form 503

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## Form 503 (Revised 08/19)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709 Filing Fee: \$25



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**Corporations Section** 

| Filing Fee: \$25  |   |                             |  |  |  |
|---|---|-----------------------------|--|--|--|
|   | Assur   | ned Name                    |  |  |  |
| 1. The assumed name under warendered is: WSOU Investment                        |   | or professional service     | ee is, or is to be, conducted or       |  |  |
|   | Entity l                                      | nformation                  |  |  |  |
| 2. The legal name of the entity   | y filing the assume                           | ed name is:                 |  |  |  |
| WSOU Investments, LLC   |   |                             |  |  |  |
| State the name of the entity as currently for filed with the secretary of state |   | rds of the secretary of sta | te or on its organizational documents, |  |  |
| 3. The entity filing the assume   | ed name is a: (Select                         | the appropriate entity type | below.)                                |  |  |
| For-profit Corporation  |   | X Limited L                 | ability Company                        |  |  |
| ☐ Nonprofit Corporation   | □ Nonprofit Corporation □ Limited Partnership |                             |  |  |  |
| ☐ Professional Corporation  | ofessional Corporation                        |                             |  |  |  |
| Professional Association  | Cooperative Association                       |                             |  |  |  |
| Other   |   |                             |  |  |  |
|   | or example, foreign r                         | eal estate investment trus  | t, state bank, insurance company, etc. |  |  |
| 4. The file number, if any, iss   | ued to the entity by                          | y the secretary of stat     | e is:                                  |  |  |
| 5. The state, country, or other   | jurisdiction of for                           | mation of the entity i      | s: Delaware                            |  |  |
| 6. The entity's principal offic   |   |                             |  |  |  |
| 605 Austin Avenue, #6   |   |                             |  |  |  |
| Street or Mailing Address   |   |                             |  |  |  |
| Waco  | TX  | USA                         | 76701                                  |  |  |
| City  | State   | Country                     | Postal or Zip Code                     |  |  |
|   | Period  | of Duration                 |  |  |  |
| V 70 min numbed distribution  |   |                             | vising from the data of filing         |  |  |
| X 7a. The period during whi with the secretary of state.                        | cn the assumed na                             | me will be used is 10       | years from the date of filing          |  |  |
| with the secretal v of state.   |   |                             |  |  |  |

| X 7a. The period during which the assumed na       | me will be used is 10 years from the date of filing |
|--|---|
| with the secretary of state.                       |   |
| OR   |   |
| 7b. The period during which the assumed na         | me will be used is years from the date of filing    |
| with the secretary of state (not to exceed 10 year | `s).  |
| OR   |   |
| 7c. The assumed name will be used until            | (not to exceed 10 years).                           |
|  | mm/dd/yyyy  |
|  | , a,  |
|  |   |

#### County or Counties in which Assumed Name Used

| 8. The county or counties where business or proferendered under the assumed name are:                    | essional services are being or are to be conducted or   |
|--|---|
| X All counties   |   |
| All counties with the exception of the following   | ng counties:  |
| Only the following counties:   |   |
| Exe  | cution  |
| materially false or fraudulent instrument and als<br>behalf of the identified entity. If the undersigned | he penalties imposed by law for the submission of a<br>so certifies that the person is authorized to sign on<br>is acting in the capacity of an attorney in fact for the<br>has duly authorized the undersigned in writing to |
| Date: 01/06/2020   | DocuSigned by:  |
|  | ignature of a person authorized by law to sign on behalf of the lentified entity (see instructions)   |

Form 503

### Form 304 (Revised 05/11)

Form 304

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

Application for Registration of a Foreign Limited Liability Company This space reserved for office use.

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JAN 07 2020

Corporations Section

| FAX: 512/463-5709  | of a Foreign Limited   |               | Corporau        | ona occio      |       |  |  |
|--|--|---------------|-----------------|----------------|-------|--|--|
| Filing Fee: \$750  | Liability Company  |               |                 |                |       |  |  |
| 1. The entity is a foreign limited liability company. The name of the entity is:  WSOU Investments, LLC  Provide the full legal name of the entity as stated in the entity's formation document in its jurisdiction of formation.  2A. The name of the entity in its jurisdiction of formation does not contain the word "limited liability company" or "limited company" (or an abbreviation thereof). The name of the entity with the word or abbreviation that it elects to add for use in Texas is:  |  |               |                 |                |       |  |  |
| 2B. The entity name is not and transact business in Tex  | available in Texas. The assumed namas is:  | ne under v    | which the e     | ntity will qua | alify |  |  |
| The assumed name must include an a   | acceptable organizational identifier or an accepted  | l abbreviatio | n of one of the | se terms.      | ···   |  |  |
| 3. Its federal employer ider   | ntification number is: 82-235578   | 3             |                 |                |       |  |  |
| A Table 2 and A  | fication number information is not av  |               | this time.      |                |       |  |  |
| - Committee of the Comm |  |               |                 |                |       |  |  |
|  | laws of: (set forth state or foreign country)  |               | 'e              |                |       |  |  |
| and the date of its formation  | in that jurisdiction is: $07/21/20$  |               | mm/dd/5535      |                |       |  |  |
| currently exists as a valid li   | ng, the undersigned certifies that the mited liability company under the law uses of the limited liability company | e foreign     | limited li      | of its format  | ion.  |  |  |
| transaction of business in 1   | cas are seriorm below.   |               |                 |                |       |  |  |
| Licensing  |  |               | _2              |                |       |  |  |
| The entity also certifies that country under which it is or  | it is authorized to pursue such stated ganized.  | purpose o     | or purposes     | inthe state    | or    |  |  |
|  | oreign entity intends to transact busined business in Texas is: 01/06/202  | 0             |                 | ate on which   |       |  |  |
| 8. The principal office add  | ress of the limited liability company is   | 3:            |                 |                |       |  |  |
| 605 Austin Avenue,   | #6 Waco  | TX            | USA             | 76701          |       |  |  |
| Address  | City   | State         | Country         | Zip/Postal C   | ode   |  |  |
|  |  |               | ٠,              |                |       |  |  |

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|   | Complete item 9A or 9B, but not both. Complete item 9C.                                      |                 |                   |                              |                    |                |               |              |
|---|--|-----------------|-------------------|------------------------------|--------------------|----------------|---------------|--------------|
| X   | X 9A. The registered agent is an organization (cannot be entity named above) by the name of: |                 |                   |                              |                    |                |               |              |
| Co  | rporation Servic   | e Company       | d/b/a             | CSC-Lawyers                  | Incorpo            | rating         | Service       | Company      |
| OR  9B. The registered agent is an individual resident of the state whose name is:  |  |                 |                   |                              |                    |                |               |              |
| First   | Name   | M.I.            |                   | Last Name                    |                    |                | Suffix        | <del></del>  |
| 9C  | . The business address of  | of the register | ed agent a        | ind the registered           | office addre       | ess is:        |               |              |
|   | 211 E. 7th Street Ste  | e 620, Austin   | TX 787            | 01-3218                      |                    |                |               |              |
| Stre  | et Address   | (               | City              |                              | Sta                | te Zip (       | Code          | <del>-</del> |
|   | The entity hereby appor  |                 |                   |                              |                    |                | process unde  | r            |
| 11.   | The name and address   | of each gover   | ning pers         | on is:                       |                    |                |               |              |
| NA  | ME AND ADDRESS OF G<br>IF INDIVIDUAL   | OVERNING P      | E <b>RSON</b> (Er | nter the name of either an i | ndividual or an or | ganization, bu | t not both;)  |              |
|   | Stuart   |                 |                   | Shanus                       |                    |                |               |              |
| OR  | First Name   | I               | M.I.              | Last Name                    |                    |                | Suffix        |              |
|   | IF ORGANIZATION  |                 |                   |                              |                    |                |               |              |
|   | Organization Name  | (2)             |                   | (A) (A) (A)                  |                    |                |               |              |
|   | 605 Austin Ave #6  |                 | Waco              | •                            | TX USA             | 76701          |               |              |
| Stre  | et or Mailing Address  |                 | Cîry              | ·                            | State              | Country        | Zip Code      |              |
| NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both)  IF INDIVIDUAL |  |                 |                   |                              |                    |                |               |              |
|   | First Name   |                 | M.I.              | Last Name                    |                    |                | Suffix        |              |
| OR  | IF ORGANIZATION  |                 |                   |                              |                    |                |               |              |
|   |  |                 |                   |                              |                    |                |               |              |
| E<br>E  | Organization Name  |                 | * **              |                              |                    |                |               |              |
| Stre  | et or Mailing Address  |                 | City              |                              | State              | Country        | Zip Code      | $\exists$    |
| NA  | ME AND ADDRESS OF G<br>IF INDIVIDUAL   | OVERNING P      | ERSON (Er         | nter the name of either an i | ndividual or an or | ganization, bu | it not both:) |              |
|   | First Name   |                 | M.I.              | Last Name                    | 1335 W             |                | Suffix        |              |
| OR  | IF ORGANIZATION  |                 |                   |                              | Ÿ.                 |                |               |              |
|   | Organization Name  |                 |                   |                              | (MC 18)            |                |               |              |
| Stre  | et or Mailing Address  |                 | City              |                              | State              | Country        | Zip Code      |              |
|   | M. Carlotte  |                 |                   |                              |                    |                |               | <del>-</del> |

Form 304

### Supplemental Provisions/Information Text Area: [The attached addendum, if any, is incorporated herein by reference.] Effectiveness of Filing (Select either A, B, or C.) A. X This document becomes effective when the document is filed by the secretary of state. B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: The following event or fact will cause the document to take effect in the manner described below: Execution The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument. 01/06/2019 Date: Signature of authorized person (see instructions)

Form 304

Stuart Shanus

Printed or typed name of authorized person.

### Form 401-A (Revised 12/09)



#### Acceptance of Appointment and Consent to Serve as Registered Agent §5.201(b) Business Organizations Code

The following form may be used when the person designated as registered agent in a registered agent filing is an individual.

| Acceptance of Annointment  | and Consent to Serve as Registered   | Agent                   |
|--|--|-------------------------|
| I acknowledge, accept and consent to my des  |  |                         |
| *  |  |                         |
| Name of represented entity   |  |                         |
| I am a resident of the state and understand<br>notice, or demand that is served on me as t<br>such to the represented entity; and to immedi<br>of resignation to the Secretary of State if I res | he registered agent of the represe<br>lately notify the represented entity | nted entity; to forward |
| x:   |  |                         |
| Signature of registered agent  | Printed name of registered agent   | Date (mm/dd/yyyy)       |

The following form may be used when the person designated as registered agent in a registered agent filing is an organization.

#### Acceptance of Appointment and Consent to Serve as Registered Agent I am authorized to act on behalf of Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company Name of organization designated as registered agent The organization is registered or otherwise authorized to do business in Texas. The organization acknowledges, accepts and consents to its appointment or designation as registered agent in Texas for: WSOU INVESTMENTS, LLC Name of represented entity The organization takes responsibility to receive any process, notice, or demand that is served on the organization as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if the organization resigns. Brian Courtney, Asst. Vice President 01/07/2020 x: By: Signature of person pathorized to act on behalf of organization Printed name of authorized per Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company Date (mm/dd/yyyy) Printed name of authorized person

Form 401-A